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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65  
N.M.C.C.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1107-10 OF 1107-10  
9 13 AM '66

**I. Operator**  
**Shell Oil Company (Western Division)**  
 Address: **Box 1509 - Midland, Texas**  
 Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of: Oil  Dry Gas   
 Recompletion  Casinghead Gas  Condensate   
 Change in Ownership   
 Other (Please explain)  
**Pool Designation**  
**From: Jalmat**  
**To: SCARBOROUGH YATES-SEVEN RIVERS**

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Pubco State</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Scarborough Yates-Seven Rivers</b>	Kind of Lease State, Federal or Fee <b>State</b>
Location: Unit Letter <b>H</b> , <b>1864.5</b> Feet From The <b>north</b> Line and <b>661.49</b> Feet From The <b>east</b> Line of Section <b>32</b> , Township <b>26-S</b> Range <b>37-E</b> , NMPM, <b>Lea</b> County			

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Texas New Mexico Pipe Line Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1510 - Midland, Texas</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Cabot Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1101 - Pampa, Texas</b>
If well produces oil or liquids, give location of tanks. Unit <b>H</b> Sec. <b>32</b> Twp. <b>26</b> Rge. <b>27</b>	Is gas actually connected? <b>Yes</b> When <b>December 23, 1958</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Pool	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth			
Perforations				Depth Casing Shoe				
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

**VI. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*KW Lagrone*  
**K. W. Lagrone**  
 (Signature)  
**Division Production Supt.**  
 (Title)  
**January 4, 1966**  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY \_\_\_\_\_  
 TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on new and recompleted wells.  
 Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.  
 Separate Forms C-104 must be filed for each pool in multiply completed wells.